



CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES



REQUEST FOR OFFER (RFO)

CALIFORNIA MULTIPLE AWARD SCHEDULES (CMAS) **INFORMATION TECHNOLOGY (IT)** **(SENIOR PROJECT MANAGER)** **RFO # SD15-00036**

April 8, 2016

The California Department of Corrections and Rehabilitation (CDCR), California Correctional Health Care Services (CCHCS) is requesting one (1) Senior Project Manager under the IT Consulting Services CMAS, to provide strategic leadership for the CCHCS Healthcare Business Applications Management (BAM).

The proposed term of the ensuing Contract is upon approval through March 31, 2018. CCHCS reserves the option to extend the Contract for up to a one (1) year extension at the same rate of award only if DGS exercises its option to extend the term of the CMAS.

Offers are due by **3:00 PM, Tuesday, April 19, 2016**. Responses and any required copies, including full copy of CMAS contract must be delivered or e-mailed to CCHCS and received by the final date and time of Offer submission, and clearly labeled to the department contact noted below.

California Correctional Health Care Services
Acquisitions Management Section
Jatin Nagin
916-691-3943
Jatin.Nagin@cdcr.ca.gov

Please note that no verbal information given will be binding upon CCHCS unless such information is issued in writing as an official addendum.

Jatin Nagin
Contract Administrator

I. RESPONSE GUIDELINES

This RFO, Offeror's response and the CMAS Contract will be made part of the ordering department's Purchase Documents and/or procurement contract file.

1. Submission of Offers:

Offers must be received by CCHCS by dates and times shown in the Key Action Dates.

CCHCS is not responsible for any US mail loss, e-mail loss, or late overnight express delivery. CCHCS assumes no responsibility if Offeror cannot transmit their response electronically to the departmental e-mail address and/or if the entire response is not received prior to RFO due date.

U.S. Postal Service Deliveries

California Correctional Health Care Services
Acquisitions Management Section
PO Box 588500, D-2
Elk Grove, CA 95758
Attn: Jatin Nagin

Hand Deliveries - Express Mail

California Correctional Health Care Services
Acquisitions Management Section
8280 Longleaf Drive, D-2
Elk Grove, CA 95758
Attn: Jatin Nagin

Email

Jatin.Nagin@cdcr.ca.gov

2. Key Action Dates:

Event		Date and Time
1	RFO available to prospective Offerors	Friday, April 8, 2016
2	Last Day to submit Questions (BY E-MAIL ONLY)*	Wednesday, April 13, 2016 by 5:00 PM
3	Final Date for Offer Submission	Tuesday, April 19, 2016 by 3:00 PM
4	Estimated Contract Start Date ¹	Upon Approval

*Interested Offerors may submit questions and/or requests for clarification, via e-mail, to Jatin.Nagin@cdcr.ca.gov. CCHCS responses to Offeror questions that provide new or additional information will be provided to all Offerors.

3. Documents Required Upon Submission of Offer:

- A. **Attachment A** - Required Attachment Checklist,
- B. **Attachment B** - Offer Certification Sheet, An individual who is authorized to bind the proposing firm contractually shall sign the Offer Certification Sheet. The signature must indicate the title and/or position that the individual holds in the firm. An unsigned offer may be rejected;
- C. Small Business/Disabled Veteran Business Enterprise Certification(s) (if applicable).
- D. Copy of valid business license;
- E. **Attachment C** - Cost Worksheet, Completed Cost Worksheet, which upon award shall be made a part of the Contract;

¹ Date subject to change.

- The ensuing Contract will be invoiced and reimbursed on an hourly rate basis subject to completion, and approval by CCHCS' Project Manager, or designee, of tasks performed by Contractor.
- F. **Attachment D** - Offeror References, for each proposed personnel, include three (3) customer references to verify engagement(s) similar in scope as requested in Exhibit A - Statement of Work. Include a brief narrative of project description and proposed personnel's role for each reference provided. Offeror references will be used to verify information provided by Offeror and/or consultant for selection purposes;
- G. **Attachment E** - Bidder Declaration Form (GSPD-05-105); Offerors must complete the Bidder Declaration and include it with their response. When completing the declaration, Offerors must identify all subcontractors proposed for participation in the contract. Offerors awarded a contract are contractually obligated to use the subcontractors for requested services unless CCHCS agrees to a substitution via amendment to the Contract;

The GSPD-05-105; also can be found at:
<http://www.documents.dgs.ca.gov/pd/delegations/GSPD105.pdf>

- H. **Attachment F** - Payee Data Record (STD. 204) Completed and signed.
- I. Resume(s) for each proposed personnel must include:
- 1) All relevant work experience;
 - 2) A start and end date of each job cited; and
 - 3) Senior Project Manager's qualifications and experience(s) in performing services;
- J. **Attachment G** - Proposed Personnel Qualification Forms, A description of Offeror's expertise and experience (e.g., type of services rendered, projects completed, etc.) providing Senior Project Manager services as requested in Exhibit A, Statement of Work;
- K. **Attachment H** – Work Authorization Form,
- L. Copy of Bachelor's Degree for each proposed personnel in an IT related or Engineering field from an accredited college or university in accordance with CMAS requirements
- M. Copy of suppliers CMAS contract.
4. **Documents Required Upon Award of the Contract:**

Offeror's proposed personnel will be required to complete the following documents prior to execution of the Contract.

- A. **Attachment I** - Digest of Laws Related to Association with Prison Inmates
- B. **Attachment J** - Contractor Confidentiality and Conflict of Interest Statement

Statement of Economic Interests (Form 700), which can be found at:
http://www.fppc.ca.gov/content/dam/fppc/NS-Documents/TAD/Form%20700/2015-16/Form_700_2015.2016.pdf

- C. **Attachment K** - Non-Disclosure Agreement
- D. Insurance Certifications (Automobile, General Liability, and Worker's Compensation)

II. EXHIBIT A - STATEMENT OF WORK

1. Background

CCHCS has embarked upon a number of IT projects to improve and support the delivery of health care to patients. Part of that health care delivery is an efficient and standardized method of providing medical, dental, mental health, and nursing services. Many software solutions support appointment scheduling and tracking, the creation, storage, and retrieval of patient records, pharmacy operations, and medical equipment applications, which provide all 35 institutional clinics with the software solutions to achieve standardization and increased efficiency in the delivery of health care.

The Information Technology Services Division (ITSD) is responsible for implementing, supporting and enhancing access to IT infrastructure-based resources and data so that CCHCS program areas and institutional health care operations can achieve their business goals.

The Business Applications Management (BAM) section of ITSD is responsible for the development, enhancement, and maintenance of the portfolio of business applications that enable the CCHCS program areas and institutional health care operations deliver health care services to patient.

BAM has embarked on a transformation initiative that will assist in improving its ability to deliver quality products and services in a more timely and cost-effective manner, and prepare for assuming new responsibilities associated with the deployment of the Cerner Millennium Electronic Health Record System (EHRS). The BAM Transformation Initiative began in January, 2015 and is continuing.

CCHCS is requesting consulting services in a Senior Project Manager Classification that shall be responsible for providing necessary strategic guidance and artifact creation that assists BAM Transformation Initiatives. The Senior Project Manager will provide guidance and mentorship to the BAM management team and staff on the scope, content, best practices, work processes, and industry accepted frameworks for the Transformation Initiative. The Senior Project Manager will also educate and communicate its value to ITSD and CCHCS management and staff.

The Senior Project Manager will report to the BAM Deputy Chief Information Officer (DCIO).

2. Qualifications

It is the Offeror's responsibility to ensure their RFO response contains sufficient information to clearly demonstrate to CCHCS that each qualification has been met. The offer must provide a description of the following demonstrated qualifications:

A. Mandatory Qualifications:

It is **mandatory** that all proposed personnel meet the Job Classification and Staff Experience as noted in the User Instructions of the IT Consulting CMAS for a Senior Project Manager.

Each proposed personnel **must** have:

1. Five (5) or more years of experience as a Senior Strategic Planning Manager and/or Consultant.

B. Desirable Qualifications:

1. Additional years of experience within the last fifteen (15) years on mandatory qualifications.
2. Experience with complex concepts and models at the strategic level in writing to a varied audience.
3. Experience in deploying enterprise technology solutions within a health care and/or correctional environment.
4. Experience in implementing with DevOps software development framework for the State of California.
5. Experience as an Information Technology Service Management (ITSM)/Information Technology Infrastructure Library (ITIL) Manager and/or Consultant.
6. Experience as a Senior Lead Enterprise Architecture Manager and/or Consultant.

Note: Offers that do not meet the mandatory qualifications stated in this section will be considered non-responsive and ineligible for award.

3. Scope of Services

With prior approval of the BAM DCIO, the Senior Project Manager shall perform the following deliverables:

- 1. Assist with the acquisition, deployment, and implementation of an IT Service Management (ITSM) framework.**
 - a. Prepare and publish a document that supports the business case for acquiring, deploying, and implementing an ITSM product suite.
 - b. Collaborate with affected ITSD managers and document the CCHCS ITSD requirements to support the Information Technology Infrastructure Library (ITIL) processes.
 - c. Identify and document ITSM product suites that meet the requirements specified during the requirements gathering phase of letter 1.b.
- 2. Facilitate the adoption of the DevOps software development model and process to BAM management and staff.**
 - a. Mentor and provide written procedural guide to the BAM management team and staff on the transformation from the current software development practices to the DevOps software development model and process.
 - b. Conduct at minimum 5 structured workshops for BAM delivery teams on DevOps software development model and process. Contractor shall be responsible to develop curriculum and any necessary materials for workshops. All curriculums must be approved by CCHCS prior to scheduled workshop. Workshops will be a minimum of one (1) day, with a minimum of five (5) people in attendance. * Workshops will be held on-site at CCHCS.
 - c. Act as the Scrum Master and a Scrum Master Mentor for at minimum 4 software releases each.*
 - d. Collaborate with the BAM management team and staff on the development and completion of documentation of standards and guidelines to be followed by BAM in adopting the DevOps software development and Agile framework.

**Contractor shall price the deliverable accordingly and include a per workshop cost breakdown in the event of the necessity of additional classes above the required minimum.*

3. Develop and assist with the implementation of ITIL-compliant Processes.

- a. Develop in Microsoft Word an ITIL-compliant Change Management framework related artifacts including but not limited to policy statement, conceptual model, logical model, and process guide.
- b. Develop ITIL-compliant Release and Deployment framework related artifacts including but not limited to policy statement, conceptual model, logical model, and process guide.
- c. Develop ITIL-compliant Service Asset and Configuration related artifacts including but not limited to policy statement, conceptual model, logical model, and process guide.
- d. Prepare and deliver multiple MS PowerPoint briefing materials reflecting the contents of the processes to various audience including executives, management, and staff.
- e. Provide knowledge transfer via training sessions to BAM staff on the above artifacts.

4. Develop a BAM Transformation Action Plan for the period of April 2016 to July 2017.

- a. Identify within the Transformation Action Plan applicable and achievable goals, objectives, and tasks comprising the BAM Transformation Plan.
- b. Prepare and deliver a Microsoft Word document reflecting the contents of the BAM Transformation Plan.
- c. Prepare and deliver 4 MS PowerPoint briefing materials reflecting the contents of the BAM Transformation Action Plan to various audience including executives, management, and staff.

5. Conduct the formal and informal transfer of knowledge to the BAM management team and staff.

- a. Prepare and deliver management-level briefing material to ensure the formal transfer of knowledge to the BAM management team.
- b. Prepare and deliver staff-level briefing material to ensure the formal transfer of knowledge to the BAM staff.
- c. Collaborate with the BAM management team and staff, as appropriate, to ensure the complete transfer of knowledge.
- d. The contractor will develop and provide ad hoc reports as deemed appropriate and necessary by the CCHCS.

6. Provide a weekly progress report to the BAM DCIO providing status of all deliverables.

D. Knowledge Transfer

Contractor's obligations under the terms of this Contract include a "knowledge transfer" to CCHCS. "Knowledge transfer" is defined as personal and/or technical knowledge or information which will enable, or enhance the ability of, CCHCS staff to maintain and operate contracted-for programs.

"Knowledge transfer" shall also include "on the job" training and education to CCHCS staff, including all relevant documentation, to enable CCHCS to adequately maintain and operate

the Healthcare Applications. The Contractor shall also provide a written manual/guide of all materials associated with this project, and agrees that CCHCS may reproduce such documentation for its own use to sustain project continuity.

Any additional training or instruction necessary to realize the "knowledge transfer" shall be provided at no additional cost to CCHCS.

E. Evaluation of Contractor

It is CCHCS sole determination as to whether a deliverable has been successfully completed and acceptable to the Agency. Acceptance criteria shall consist of, but not limited to the Reports on written deliverables are completed and approved and deliverables are in a format that is acceptable to the State.

Should the work performed or the products produced by the Contractor fail to meet minimum conditions, requirements or other applicable standards, specifications, or guidelines, the following resolution process will be employed except as superseded by other binding processes:

1. The CCHCS will notify the Contractor in writing within ten (10) business days after completion of each phase of service of any acceptance problems by identifying the specific inadequacies and/or failures in the services performed and/or the products produced by the Contractor.
2. The Contractor will, within five (5) business days after initial problem notification, respond to the CCHCS Project Manager by submitting a detailed explanation describing precisely how the identified services and/or products actually adhere to and satisfy all applicable requirements, and/or a proposed corrective action plan to address the specific inadequacies and/or failures in the identified services and/or products. Failure by the Contractor to respond to the CCHCS' initial problem notification within the required time limits may result in immediate contract termination. In the event of such termination, the CCHCS shall pay all amounts due to the Contractor for all work accepted prior to termination.
3. The CCHCS will, within five (5) business days after receipt of the Contractor's detailed explanation and/or proposed corrective action plan, notify the Contractor in writing whether it accepts or rejects the explanation and/or plan. If the CCHCS rejects the explanation and/or plan, the Contractor will submit a revised corrective action plan within three (3) business days of notification of rejection. Failure by the Contractor to respond to the CCHCS' notification of rejection by submitting a revised corrective action plan within the required time limits may result in immediate contract termination. In the event of such termination, the CCHCS shall pay all amounts due to the Contractor for all work accepted prior to termination.
4. The CCHCS will, within three (3) business days of receipt of the revised corrective action plan, notify the Contractor in writing whether it accepts or rejects the revised corrective action plan proposed by the Contractor. Rejection of the revised corrective action plan will result in immediate contract termination. In the event of such termination, the CCHCS shall pay all amounts due to the Contractor for all work accepted prior to termination.

F. Problem Escalation

The parties acknowledge and agree that certain technical and project related problems or issues may arise, and that such matters shall be brought to the CCHCS Project Manager's attention. Problems or issues shall normally be reported in regular status reports. However,

there may be instances where the severity of the problems justifies escalated reporting. To this extent, the CCHCS Project Manager will determine the level of severity, and notify the appropriate CCHCS personnel. The CCHCS personnel notified, and the time period taken to report the problem or issue shall be at a level commensurate with the severity of the problem or issue. The CCHCS personnel include, but are not limited to the following:

- First level, the CCHCS Project Manager
- Second level, Acquisitions Management Chief, Business Services

G. Assumption and Constraints

1. Work hours for the ensuing Contract must be consistent with CCHCS' normal business hours 8:00 a.m. to 5:00 p.m., Monday through Friday, excluding State holidays.
2. Contractor will be scheduled by the CCHCS Project Manager and assigned to work a maximum of forty (40) hours per week.
3. Contractor employee may be required to work over the maximum forty (40) hours stated herein to successfully provide the services described in the Statement of Work. Any hours worked over the maximum must be specifically agreed to by the parties herein and authorized by the Project Manager. No overtime pay will be authorized for Contractor's performance under the ensuing Contract.
4. Contractor shall ensure availability of staff to perform the requirements of the ensuing Contract at all times during the period described above.
5. The work location will be at CCHCS' Headquarters located in Elk Grove, California, or at another designated location within the greater Sacramento area.
6. CCHCS, in its sole discretion, reserves the right to require Contractor to substitute personnel, reduce, or cancel a consultant's performance of services at any time.
7. Contractor must submit, in advance, a resume of all personnel substitutions. All Contractor personnel substitutions must meet all criteria and be evaluated as specified in RFO#SD15-00036 and approved by CCHCS' Acquisitions Management Section prior to substituted personnel commencing work through an amendment to the contract.

CCHCS shall be allowed to interview such proposed substitutions and verify the proposed staff's references and qualifications. CCHCS reserves the right to reject the Contractor's proposed substitution; in the event of rejection, the Contractor may submit additional resumes for consideration.

8. CCHCS and Contractor are mutually obligated to keep open channels of communications to ensure successful performance of the ensuing Contract. Both parties are responsible for communicating any potential problem(s) or issue(s) to CCHCS' Deputy Director of Information Technology, or designee, and the Contractor, respectively, within one (1) business day of becoming aware of said problem(s).
9. Contractor certifies that it has appropriate systems and controls in place to ensure that State funds will not be used in performance of the ensuing Contract for the acquisition, operation, or maintenance of computer software in violation of copyright laws.
10. Any modifications to the Scope of Work of the ensuing Contract will be in accordance with CMAS terms and conditions and mutually agreed upon by Contractor and CCHCS and shall require a formal amendment processed by the Acquisitions Management Section.

- **Work Authorization**

Either party may at any time propose a change to Scope of Services. If the Contractor believes that such change will increase Contractor's costs or delay completion, the parties will negotiate in good faith to try to accommodate such request. Contractor will be compensated at CCHCS' option, based on hourly rate aligned with rates listed in Attachment C, Cost Worksheet. Contractor will disclose and explain to CCHCS its method of pricing a change order. At CCHCS' request, the parties will use project estimation tools to aid in determining pricing and to ensure that it is competitive in the marketplace. No change will be effective unless and until set forth in a written amendment to the Contract, which is approved and signed by the parties. Any agreed upon modifications will be performed by the Contractor in accordance with the amendment and Contract provisions. Any failure to agree to a proposed change will not impair the enforceability of other Contract terms or in Scope.

H. CCHCS Roles and Responsibilities

1. The CCHCS will designate a person to whom all Contractor communications may be addressed and who has the authority to act on all aspects of the services. This person will review the Statement of Work and associated documents with the Contractor to ensure understanding of the responsibilities of both parties.
2. The CCHCS will provide cubicle accommodations for the duration of the ensuing Contract, including: desk, chair, telephone, personal computer, printer access, Internet connection, Microsoft Office, Microsoft Visio and Microsoft Project. All policies and procedures regarding the use of State facilities will be applicable.
3. The CCHCS will provide information as required by the Contractor to perform its responsibilities.
4. The CCHCS will provide timely review and approval of the Contractor information and documentation provided by the Contractor in order for the Contractor to perform its obligations under this Statement of Work.

I. PERIOD OF PERFORMANCE

It is estimated that the ensuing Contract will begin upon approval through March 31, 2018. CCHCS reserves the option to extend the Contract for up to a one (1) year extension at the same rate of award only if DGS exercises its option to extend the term of the CMAS.

CCHCS may choose to amend the Contract for time and/or money by formal contract amendment.

At any time during the term of the ensuing Contract, CCHCS, in its sole discretion, may instruct Contractor to limit the amount of time being performed by any assigned consultant.

J. CCHCS PROJECT MANAGER

Enterprise Application Development Manager
California Correctional Health Care Services
P.O. Box 588500
Elk Grove, CA 95758

Selection Process

All offers will be reviewed for responsiveness to requirements of this RFO. If a response is missing required information, it may be deemed non-responsive. Further review is subject to discretion of CCHCS.

Award of a contract resulting from this RFO against a Contractor's CMAS will be based on a "best value criteria" that includes cost as a factor. CCHCS is not constrained to accept the lowest offer and will compare all offers to determine the best value.

All personnel must meet all of the mandatory qualifications for the proposed CMAS classification.

A. Assessment and Methodology

Best Value may be based on the following criteria:

Categories
Administrative Requirements
Mandatory Qualifications
Desirable Qualifications
Cost

B. Best Value Criteria

1. Administrative Requirements:

Administrative Requirements:
1. Completeness of response package;
2. Detailed resumes for proposed consultants that describe work experience, start and end-date for job(s) cited, and professional qualification(s)/experience(s) performing IT services relative to Statement of Work (Exhibit A); and
3. Three (3) customer references for each proposed personnel verifying engagements similar in scope to Exhibit A (Statement of work).

2. Mandatory Qualifications:

Each proposed personnel must have **ALL** of the following:

Mandatory Qualifications
Five (5) or more years of experience as a Senior Strategic Planning Manager and/or Consultant.

3. Desirable Qualifications:

Desirable Qualifications
Additional years of experience within the last fifteen (15) years on mandatory qualifications.
Experience with complex concepts and models at the strategic level in writing to a varied audience.
Experience in deploying enterprise technology solutions within a health care and/or correctional environment.

Experience in implementing with DevOps software development framework for the State of California.

Experience as an Information Technology Service Management (ITSM)/Information Technology Infrastructure Library (ITIL) Manager and/or Consultant.

Experience as a Senior Lead Enterprise Architecture Manager and/or Consultant.

Note: CCHCS reserves the sole right to reject any and all offers and to reissue this RFO. The awarded Contractor will be obligated to provide services at the cost offered in the Attachment C (Cost Worksheet), which under no circumstances may exceed their authorized CMAS hourly rate.

III. EXHIBIT B - BUDGET DETAIL AND PAYMENT PROVISIONS

A. INVOICING AND PAYMENT

1. For services satisfactorily rendered and upon receipt and approval of invoices, CCHCS agrees to reimburse Contractor for completed deliverables, no more than monthly in arrears and in accordance with Attachment C (Cost Worksheet). Unless otherwise specified, Contractor services shall be invoiced and reimbursed on a deliverable basis subject to completion of prior approved tasks by CCHCS' Project Manager, or designee.
 - All invoices shall be submitted with supporting documentation that properly details all charges (e.g., approved Deliverable Acceptance Document, etc.) on Contractor's letterhead and include the CCHCS Purchase Order and Contract numbers, consultant's name, and invoice total (with original signature in blue ink). The invoice must specify work completed by consultant, number of hours performed, and any outstanding issues and/or concerns that need to be addressed.
 - Payment is subject to acceptance by the CCHCS' Project Manager.
2. Contractor shall address and submit all invoices to:

California Correctional Health Care Services
Acquisitions Management Section, Building D-2
P.O. Box 588500
Elk Grove, California, 95758

B. TRAVEL AND MISCELLANEOUS EXPENSES

1. For purposes of this RFO, there is no travel anticipated

IV. EXHIBIT C - CCHCS SPECIAL PROVISIONS

1. SUBCONTRACTOR/CONSULTANT INFORMATION

Contractor is required to identify all subcontractors who will perform labor or render services in the performance of the Agreement. Additionally, the Contractor shall notify the CCHCS Project Manager, or designee, within ten (10) working days, of any changes to the subcontractor and/or consultant information.

2. EMPLOYMENT OF EX-OFFENDERS

A. Contractor cannot and will not either directly, or via a subcontracted consultant and/or firm, employ in connection with this Agreement:

- (1) Ex-Offenders on active parole or probation;
- (2) Ex-Offenders at any time if they are required to register as a sex offender pursuant to Penal Code Section 290 or if such ex-offender has an offense history involving a "violent felony" as defined in subparagraph (c) of Penal Code Section 667.5; or
- (3) Any ex-felon in a position which provides direct supervision of parolees.

B. Ex-Offenders who can provide written evidence of having satisfactorily completed parole or probation may be considered for employment by the Contractor subject to the following limitations:

- (1) Contractor shall obtain the prior written approval to employ any such ex-offender from the Authorized Administrator; and
- (2) Any ex-offender whose assigned duties are to involve administrative or policy decision-making; accounting, procurement, cashiering, auditing, or any other business-related administrative function shall be fully bonded to cover any potential loss to the State of California.

3. LICENSES AND PERMITS

The Contractor shall be an individual or firm licensed to do business in California and shall obtain at Contractor's expense all license(s) and permit(s) required by law for accomplishing any work required in connection with this Agreement.

In the event any license(s) and/or permit(s) expire at any time during the term of this Agreement, Contractor agrees to provide the CCHCS with a copy of the renewed license(s) and/or permit(s) within thirty (30) days following the expiration date. In the event the Contractor fails to keep in effect at all times all required license(s) and permit(s), the State may, in addition to any other remedies it may have, terminate this Agreement upon occurrence of such event.

4. CONFLICT OF INTEREST

The Contractor and their employees shall abide by the provisions of Government Code (GC) Sections 1090, 81000 et seq., 82000 et seq., 87100 et seq., and 87300 et seq., Public Contract Code (PCC) Sections 10335 et seq. and 10410 et seq., California Code of Regulations (CCR), Title 2, Section 18700 et seq. and Title 15, Section 3409, and the Department Operations Manual (DOM) Section 31100 et seq. regarding conflicts of interest.

A. Contractors and Their Employees

Consultant Contractors shall file a Statement of Economic Interests, Fair Political Practices Commission (FPPC) Form 700 prior to commencing services under the

Agreement, annually during the life of the Agreement, and within thirty (30) days after the expiration of the Agreement. Other service Contractors and/or certain of their employees may be required to file a Form 700 if so requested by the CCHCS or whenever it appears that a conflict of interest may be at issue. Generally, service Contractors (other than consultant Contractors required to file as above) and their employees shall be required to file an FPPC Form 700 if one of the following exists:

- (1) The Agreement service has been identified by the CDCR as one where there is a greater likelihood that a conflict of interest may occur;

- (2) The Contractor and/or Contractor's employee(s), pursuant to the Agreement, makes or influences a governmental decision; or
- (3) The Contractor and/or Contractor's employee(s) serves in a staff capacity with the CDCR and in that capacity participates in making a governmental decision or performs the same or substantially all the same duties for the CDCR that would otherwise be performed by an individual holding a position specified in the CDCR's Conflict of Interest Code.

B. Current State Employees

- (1) No officer or employee shall engage in any employment, activity or enterprise from which the officer or employee receives compensation or has a financial interest and which is sponsored or funded by any state agency, unless the employment, activity or enterprise is required as a condition of regular state employment.
- (2) No officer or employee shall contract on his or her own behalf as an independent Contractor with any state agency to provide goods or services.
- (3) In addition to the above, CDCR officials and employees shall also avoid actions resulting in or creating an appearance of:
 - (a) Using an official position for private gain;
 - (b) Giving preferential treatment to any particular person;
 - (c) Losing independence or impartiality;
 - (d) Making a decision outside of official channels; and
 - (e) Affecting adversely the confidence of the public or local officials in the integrity of the program.
- (4) Officers and employees of the Department must not solicit, accept or receive, directly or indirectly, any fee, commission, gratuity or gift from any person or business organization doing or seeking to do business with the State.

C. Former State Employees

- (1) For the two year (2-year) period from the date he or she left state employment, no former state officer or employee may enter into an Agreement in which he or she engaged in any of the negotiations, transactions, planning, arrangements or any part of the decision-making process relevant to the Agreement while employed in any capacity by any state agency.
- (2) For the twelve-month (12-month) period from the date he or she left state employment, no former state officer or employee may enter into an Agreement with any state agency if he or she was employed by that state agency in a policy-making position in the same general subject area as the proposed Agreement within the 12-month period prior to his or her leaving state service.

In addition to the above, the Contractor shall avoid any conflict of interest whatsoever with respect to any financial dealings, employment services, or opportunities offered to inmates or parolees. The Contractor shall not itself employ or offer to employ inmates or parolees either directly or indirectly through an affiliated company, person or business unless specifically authorized in writing by the CDCR.

In addition, the Contractor shall not (either directly, or indirectly through an affiliated company, person or business) engage in financial dealings with inmates or parolees, except to the extent that such financial dealings create no actual or potential conflict of interest, are available on the same terms to the general public, and have been approved in advance in writing by the CDCR.

For the purposes of this paragraph, "affiliated company, person or business" means any company, business, corporation, nonprofit corporation, partnership, limited partnership, sole proprietorship, or other person or business entity of any kind which has any ownership or control interest whatsoever in the Contractor, or which is wholly or partially owned (more than 5% ownership) or controlled (any percentage) by the Contractor or by the Contractor's owners, officers, principals, directors and/or shareholders, either directly or indirectly. "Affiliated companies, persons or businesses" include, but are not limited to, subsidiary, parent, or sister companies or corporations, and any company, corporation, nonprofit corporation, partnership, limited partnership, sole proprietorship, or other person or business

entity of any kind that is wholly or partially owned or controlled, either directly or indirectly, by the Contractor or by the Contractor's owners, officers, principals, directors and/or shareholders.

The Contractor shall have a continuing duty to disclose to the State, in writing, all interests and activities that create an actual or potential conflict of interest in performance of the Agreement.

The Contractor shall have a continuing duty to keep the State timely and fully apprised in writing of any material changes in the Contractor's business structure and/or status. This includes any changes in business form, such as a change from sole proprietorship or partnership into a corporation or vice-versa; any changes in company ownership; any dissolution of the business; any change of the name of the business; any filing in bankruptcy; any revocation of corporate status by the Secretary of State; and any other material changes in the Contractor's business status or structure that could affect the performance of the Contractor's duties under the Agreement.

If the Contractor violates any provision of the above paragraphs, such action by the Contractor shall render this Agreement void.

Members of boards and commissions are exempt from this section if they do not receive payment other than payment for each meeting of the board or commission, payment for preparatory time and payment for per diem.

5. DISCLOSURE

Neither the State nor any State employee will be liable to the Contractor or its staff for injuries inflicted by inmates or parolees of the State. The State agrees to disclose to the Contractor any statement(s) known to State staff made by any inmate or parolee which indicates violence may result in any specific situation, and the same responsibility will be shared by the Contractor in disclosing such statement(s) to the State.

6. SECURITY CLEARANCE/FINGERPRINTING

The State reserves the right to conduct fingerprinting and/or security clearance through the California Department of Justice, Bureau of Criminal Identification and Information (BCII), prior to award and at any time during the term of the Agreement, in order to permit Contractor and/or Contractor's employees' access to State premises. The State further reserves the right to terminate the Agreement should a threat to security be determined.

7. NOTIFICATION OF PERSONNEL CHANGES

Contractor must notify the State, in writing, of any changes of those personnel allowed access to State premises for the purpose of providing services under this Agreement. In addition, Contractor must recover and return any State-issued identification card provided to Contractor's employee(s) upon their departure or termination.

8. NON ELIGIBLE ALIEN CERTIFICATION

By signing this Agreement Contractor certifies, under penalty of perjury, that Contractor, if a sole proprietor, is not a nonqualified alien as that term is defined by the United States Code (U.S.C.) Title 8, Chapter 14, Section 1621 et seq.

The following provisions apply to services provided on departmental and/or institution grounds:

9. BLOODBORNE PATHOGENS

Provider shall adhere to California Division of Occupational Safety and Health (CAL-OSHA) regulations and guidelines pertaining to bloodborne pathogens.

10. TUBERCULOSIS (TB) TESTING

In the event that the services required under this Agreement will be performed within a CDCR institution/parole office/community based program, prior to the performance of contracted duties, Contractors and their employees who are assigned to work with inmates/parolees on a regular basis

shall be required to be examined or tested or medically evaluated for TB in an infectious or contagious stage, and at least once a year thereafter or more often as directed by CDCR. Regular contact is defined as having contact with inmates/parolees in confined quarters more than once a week.

Contractors and their employees shall be required to furnish to CDCR, at no cost to CDCR, a form CDCR 7336, "Employee Tuberculin Skin Test (TST) and Evaluation," prior to assuming their contracted duties and annually thereafter, showing that the Contractor and their employees have been examined and found free of TB in an infectious stage. The form CDCR 7336 will be provided by CDCR upon Contractor's request.

11. PRIMARY LAWS, RULES, AND REGULATIONS REGARDING CONDUCT AND ASSOCIATION WITH STATE PRISON INMATES

Individuals who are not CDCR employees, but who are working in and around inmates who are incarcerated within California's institutions/facilities or camps, are to be apprised of the laws, rules and regulations governing conduct in associating with prison inmates. The following is a summation of pertinent information when non-departmental employees come in contact with prison inmates.

By signing this contract, the Contractor agrees that if the provisions of the contract require the Contractor to enter an institution/facility or camp, the Contractor and any employee(s) and/or subcontractor(s) shall be made aware of and shall abide by the following laws, rules and regulations governing conduct in associating with prison inmates:

- A.** Persons who are not employed by CDCR, but are engaged in work at any institution/facility or camp must observe and abide by all laws, rules and regulations governing the conduct of their behavior in associating with prison inmates. Failure to comply with these guidelines may lead to expulsion from CDCR institutions/facilities or camps.

SOURCE: California Penal Code (PC) Sections 5054 and 5058; California Code of Regulations (CCR), Title 15, Sections 3285 and 3415

- B.** CDCR does not recognize hostages for bargaining purposes. CDCR has a "NO HOSTAGE" policy and all prison inmates, visitors, and employees shall be made aware of this.

SOURCE: PC Sections 5054 and 5058; CCR, Title 15, Section 3304

- C.** All persons entering onto institution/facility or camp grounds consent to search of their person, property or vehicle at any time. Refusal by individuals to submit to a search of their person, property, or vehicle may be cause for denial of access to the premises.

SOURCE: PC Sections 2601, 5054 and 5058; CCR, Title 15, Sections 3173, 3177, and 3288

- D.** Persons normally permitted to enter an institution/facility or camp may be barred, for cause, by the CDCR Director, Warden, and/or Regional Parole Administrator.

SOURCE: PC Sections 5054 and 5058; CCR, Title 15, Section 3176 (a)

- E.** It is illegal for an individual who has been previously convicted of a felony offense to enter into CDCR institutions/facilities or camps without the prior approval of the Warden. It is also illegal for an individual to enter onto these premises for unauthorized purposes or to refuse to leave said premises when requested to do so. Failure to comply with this provision could lead to prosecution.

SOURCE: PC Sections 602, 4570.5 and 4571; CCR, Title 15, Sections 3173 and 3289

- F.** Encouraging and/or assisting prison inmates to escape are a crime. It is illegal to bring firearms, deadly weapons, explosives, tear gas, drugs or drug paraphernalia on CDCR institutions/facilities or camp premises. It is illegal to give prison inmates firearms, explosives, alcoholic beverages, narcotics, or any drug or drug paraphernalia, including cocaine or marijuana.

SOURCE: PC Sections 2772, 2790, 4533, 4535, 4550, 4573, 4573.5, 4573.6 and 4574

- G.** It is illegal to give or take letters from inmates without the authorization of the Warden. It is also illegal to give or receive any type of gift and/or gratuities from prison inmates.

SOURCE: PC Sections 2540, 2541 and 4570; CCR, Title 15, Sections 3010, 3399, 3401, 3424 and 3425

- H.** In an emergency situation the visiting program and other program activities may be suspended.

SOURCE: PC Section 2601; CCR, Title 15, Section 3383

- I.** For security reasons, visitors must not wear clothing that in any way resembles state issued prison inmate clothing (blue denim shirts, blue denim pants).

SOURCE: CCR, Title 15, Section 3171 (b) (3)

- J.** Interviews with SPECIFIC INMATES are not permitted. Conspiring with an inmate to circumvent policy and/or regulations constitutes a rule violation that may result in appropriate legal action.

SOURCE: CCR, Title 15, Sections 3261.5, 3315 (3) (W), and 3177

12. CLOTHING RESTRICTIONS

While on institution grounds, Contractor and all its agents, employees, and/or representatives shall be professionally and appropriately dressed in clothing distinct from that worn by inmates at the institution. Specifically, blue denim pants and blue chambray shirts, orange/red/yellow/white/chartreuse jumpsuits and/or yellow rainwear shall not be worn onto institution grounds, as this is inmate attire. The Contractor should contact the institution regarding clothing restrictions prior to requiring access to the institution to assure the Contractor and their employees are in compliance.

13. TOBACCO-FREE ENVIRONMENT

Pursuant to Penal Code Section 5030.1, the use of tobacco products by any person on the grounds of any institution or facility under the jurisdiction of the CDCR is prohibited.

14. SECURITY REGULATIONS

- A.** Unless otherwise directed by the entrance gate officer and/or Project Manager, the Contractor, Contractor's employees and subcontractors shall enter the institution through the main entrance gate and park private and nonessential vehicles in the designated visitor's parking lot. Contractor, Contractor's employees and subcontractors shall remove the keys from the ignition when outside the vehicle and all unattended vehicles shall be locked and secured while on institution grounds.
- B.** Any State- and Contractor-owned equipment used by the Contractor for the provision of contract services, shall be rendered temporarily inoperative by the Contractor when not in use, by locking or other means unless specified otherwise.
- C.** In order to maintain institution safety and security, periodic fire prevention inspections and site searches may become necessary and Contractor must furnish keys to institutional authorities to access all locked areas on the worksite. The State shall in no way be responsible for Contractor's loss due to fire.
- D.** Due to security procedures, the Contractor, Contractor's employees and subcontractors may be delayed at the institution vehicle/pedestrian gates and sally ports. Any loss of time checking in and out of the institution gates and sally ports shall be borne by the Contractor.
- E.** Contractor, Contractor's employees and subcontractors shall observe all security rules and regulations and comply with all instructions given by institutional authorities.
- F.** Electronic and communicative devices such as pagers, cell phones and cameras/microcameras are not permitted on institution grounds.
- G.** Contractor, Contractor's employees and subcontractors shall not cause undue interference with the operations of the institution.
- H.** No picketing is allowed on State property.

15. PRISON RAPE ELIMINATION POLICY

CDCR is committed to providing a safe, humane, secure environment, free from sexual misconduct. This will be accomplished by maintaining a program to ensure education/prevention, detection, response, investigation and tracking of sexual misconduct and to address successful community re-entry of the victim. CDCR shall maintain a zero tolerance for sexual misconduct in its institutions, community correctional facilities, conservation camps and for all offenders under its jurisdiction. All sexual misconduct is strictly prohibited. As a Contractor with CDCR, you and your staff are expected to ensure compliance with this policy as described in Department Operations Manual, Chapter 5, Article 44.

16. GATE CLEARANCE

Contractor and Contractor's employee(s) and/or subcontractors(s) must be cleared prior to providing services. The Contractor will be required to complete a Request for Gate Clearance for all persons entering the facility a minimum of ten (10) working days prior to commencement of service. The Request for Gate Clearance must include the person's name, social security number, valid state driver's license number or state identification card number and date of birth. Information shall be submitted to the Contract Liaison or his/her designee. CDCR uses the Request for Gate Clearance to run a California Law Enforcement Telecommunications System (CLETS) check. The check will include a California Department of Motor Vehicles check, Wants and Warrants check, and Criminal History check. Gate clearance may be denied for the following reasons: Individual's presence in the institution presents a serious threat to security, individual has been charged with a serious crime committed on institution property, inadequate information is available to establish positive identity of prospective individual, and/or individual has deliberately falsified his/her identity. All persons entering the facilities must have a valid state driver's license or photo identification card on their person.

17. BUSINESS ASSOCIATE AGREEMENT

The awarded Contractor will be required to meet provisions of the Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191 (HIPAA) and the regulations promulgated thereunder. The Business Associate Agreement is included in this Agreement as Exhibit D.

18. ELECTRONIC WASTE RECYCLING

The Provider certifies that it complies with the requirements of the Electronic Waste Recycling Act of 2003, Chapter 8.5, Part 3 of division 30, commencing with Section 42460 of the Public Resources Code, relating to hazardous and solid waste. Provider shall maintain documentation and provide reasonable access to its records and documents that evidence compliance. CCHCS electronic data stored upon any Provider device must be returned to the CCHCS immediately and the Contractor must certify that CCHCS data is either removed from the Providers devices by degaussing or shredding per National Institute of Standards and Technology (NIST) Special Publication Series 800-88 and National Industrial Security Program (NISP) Operating Manual (DOD 5220.22-M) and Clearing and Sanitization Matrix (C&SM) based on NSA/CSS Policy Manual 9-12, "Storage Device Declassification Manual".

V. EXHIBIT D - BUSINESS ASSOCIATE AGREEMENT (HIPAA)

Definitions

Catch-All Definition:

The following terms and others used in this Agreement shall have the same meaning as those terms in the HIPAA Rules: Breach, Data Aggregation, Designated Record Set, Disclosure, Health Care Operations, Individual, Minimum Necessary, Notice of Privacy Practices, Protected Health Information, Required by Law, Secretary, Security Incident, Subcontractor, Unsecured Protected Health Information, and Use¹

Specific Definitions:

- A. Business Associate. "Business Associate" shall generally have the same meaning as the term "business associate" at 45 CFR 160.103, and in reference to the party to this agreement, shall mean the Contractor to the contract to which this Business Associate Agreement is attached as an exhibit. For purposes of this exhibit only, the term "Agreement" shall refer to this Business Associate Agreement. The term "Service Agreement" shall refer to the contract to which this Business Associate Agreement is attached as an exhibit.
- B. Covered Entity. "Covered Entity" shall generally have the same meaning as the term "covered entity" at 45 CFR 160.103, and in reference to the party to this agreement, shall mean California Department of Corrections and Rehabilitation, California Correctional Health Care Services (CCHCS).
- C. HIPAA Rules. "HIPAA Rules" shall mean the Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR Part 160 and Part 164.

Obligations and Activities of Business Associate

Business Associate agrees to:

- A. Not use or disclose protected health information other than as permitted or required by the Agreement or as required by law;
- B. Use appropriate safeguards, and comply with Subpart C of 45 CFR Part 164 with respect to electronic protected health information, to prevent use or disclosure of protected health information other than as provided for by the Agreement;
- C. Report to Covered Entity any use or disclosure of protected health information not provided for by the Agreement of which it becomes aware, including breaches of unsecured protected health information and any security incident of which it becomes aware as required by Federal and State laws (i.e., Health and Safety Code Section 1280.5, California Civil Code Section 56 et seq., California Civil Code Section 1798 et seq., and 45 CFR – Subchapter C et al.). Information Security incidents (e.g., breaches) shall be reported to the CCHCS Information Security Office within 24 hours of detection.

¹ These definitions are set forth in the Code of Federal Regulations (CFR); Title 45, Public Welfare: PART 160—GENERAL ADMINISTRATIVE REQUIREMENTS § 160.103 Definitions, PART 162--ADMINISTRATIVE REQUIREMENTS § 162.103 Definitions. and PART 164--SECURITY AND PRIVACY § 164.103 Definitions.

- D. In accordance with 45 CFR 164.502(e)(1)(ii) and 164.308(b)(2), if applicable, ensure that any subcontractors that create, receive, maintain, or transmit protected health information on behalf of the Business Associate agree to the same restrictions, conditions, and requirements that apply to the Business Associate with respect to such information;
- E. Make available protected health information in a designated record set to the Covered Entity or individual or the individual's designee as necessary to satisfy covered entity's obligations under 45 CFR 164.524;
- F. Make any amendment(s) to protected health information in a designated record set as directed or agreed to by the covered entity pursuant to 45 CFR 164.526, or at the request of an individual, or take other measures as necessary to satisfy covered entity's obligations under 45 CFR 164.526;
- G. Maintain and make available the information required to provide an accounting of disclosures to the Covered Entity as necessary to satisfy covered entity's obligations under 45 CFR 164.528;
- H. To the extent the Business Associate is to carry out one or more of Covered Entity's obligation(s) under Subpart E of 45 CFR Part 164, comply with the requirements of Subpart E that apply to the Covered Entity in the performance of such obligation(s); and
- I. Make its internal practices, books, and records available to the Secretary for purposes of determining compliance with the HIPAA Rules.

Permitted Uses and Disclosures by Business Associate

- A. Business Associate may only use or disclose protected health information as necessary to perform the services set forth in Service Agreement.
- B. Business Associate may use or disclose protected health information as required by law.
- C. Business Associate agrees to make uses and disclosures and requests for protected health information consistent with Covered Entity's minimum necessary policies and procedures.
- D. Business Associate may not use or disclose protected health information in a manner that would violate Subpart E of 45 CFR Part 164 if done by Covered Entity, except for the specific uses and disclosures set forth below.
- E. Business Associate may use protected health information for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate.

Provisions for Covered Entity to Inform Business Associate of Privacy Practices and Restrictions

- A. Covered Entity shall notify Business Associate of any limitation(s) in the notice of privacy practices of covered entity under 45 CFR 164.520, to the extent that such limitation may affect Business Associate's use or disclosure of protected health information.
- B. However, under 45 CFR 164.520(a)(3), inmates are not entitled to notices of privacy practices, and 45 CFR 164.520 therefore does not currently apply to Covered Entity.

Term and Termination

- A. Term. The Term of this Agreement shall be effective as of the effective date of the Service Agreement, and shall terminate on termination of the Service Agreement or on the date Covered Entity terminates for cause as authorized in paragraph (b) of this Section, whichever is sooner.
- B. Termination for Cause. Business Associate authorizes termination of this Agreement by Covered Entity, if Covered Entity determines Business Associate has violated a material term of the Agreement and Business Associate has not cured the breach or ended the violation within the time specified by Covered Entity.

C. Obligations of Business Associate Upon Termination.

Business Associate

- A. Upon termination of this Agreement for any reason, Business Associate, with respect to protected health information received from Covered Entity, or created, maintained, or received by Business Associate on behalf of Covered Entity, shall:
1. Retain only that protected health information which is necessary for Business Associate to continue its proper management and administration or to carry out its legal responsibilities;
 2. Return to Covered Entity or, if agreed to by Covered Entity, destroy the remaining protected health information that the Business Associate still maintains in any form;
 3. Continue to use appropriate safeguards and comply with Subpart C of 45 CFR Part 164 with respect to electronic protected health information to prevent use or disclosure of the protected health information, other than as provided for in this Section, for as long as Business Associate retains the protected health information;
 4. Not use or disclose the protected health information retained by Business Associate other than for the purposes for which such protected health information was retained and subject to the same conditions set out at paragraph (e) above under "Permitted Uses and Disclosures By Business Associate" which applied prior to termination; and
 5. Return to Covered Entity or, if agreed to by Covered Entity, destroy the protected health information retained by Business Associate when it is no longer needed by Business Associate for its proper management and administration or to carry out its legal responsibilities.
- B. Upon termination of this Agreement, if requested by Covered Entity, Business Associate will transmit the protected health information to another business associate of the Covered Entity.
- C. Upon termination of this Agreement, Business Associate shall obtain or ensure the destruction of protected health information created, received, or maintained by subcontractors.
- D. Survival. The obligations of Business Associate under this Section shall survive the termination of this Agreement.

Miscellaneous

- A. Regulatory References. A reference in this Agreement to a section in the HIPAA Rules means the section as in effect or as amended.
- B. Interpretation. Any ambiguity in this Agreement shall be interpreted to permit compliance with the HIPAA Rules.

VI. REQUIRED ATTACHMENTS

See Attachment A

ATTACHMENT A

REQUIRED ATTACHMENT CHECKLIST

A complete Offer will consist of the items identified below.

Complete this checklist to confirm the items in your offer. Place a check mark or "X" next to each item that you are submitting to the State. For your offer to be responsive, all required attachments must be returned. This checklist should be returned with your offer package also.

The following documents are required upon submission of offer:

- _____ Required Attachment Check List (Attachment A)
- _____ Offer/Offeror Certification Sheet (Attachment B)
- _____ Small Business/Disabled Veteran Enterprise Certification(s) (if applicable)
- _____ Cost Work Sheet (Attachment C)
- _____ Offeror's References (Attachment D)
- _____ Bidder Declaration Form, GSPD-05-105 (Attachment E)
- _____ Payee Data Record (STD-204) (Attachment F)
- _____ Proposed Personnel Qualification Forms (Attachment G)
- _____ Full copy of Suppliers CMAS contract

The following documents are required upon award of the contract:

- _____ Digest of Laws Related to Association with Prison Inmates (Attachment I)
- _____ Contractor's Confidentiality Statement (Attachment J)
- _____ Non-Disclosure Agreement (Attachment K)
- _____ Statement of Economic Interests, Form 700
- _____ Insurance Certifications (Automobile, General Liability, and Worker's Compensation)

ATTACHMENT B

OFFER/OFFEROR CERTIFICATION SHEET

This Offer/Offendor Certification Sheet must be signed and returned along with all the "required attachments" as an entire package.

- A. Our all-inclusive Offer is submitted as detailed in accordance with the RFO.
- B. All required attachments are included with this Offer.
- C. The signature affixed hereon and dated certifies compliance with all the requirements of this RFO.

An Unsigned Offer/Offendor Certification Sheet May Be Cause for Rejection

Please Print or Type

1. Company Name	2. Telephone ()
3. E-mail Address	
4. Offeror's Name (Print)	5. Title
6. Signature	7. Date

ATTACHMENT C

COST WORKSHEET

The following personnel will perform the tasks described in this Statement of Work, at the rates indicated. The CCHCS Project Manager will be notified, in writing, of any proposed changes in the personnel assigned this Contract. If a Contractor's employee is unable to perform due to illness, resignation, or other factors beyond the Contractor's control, the Contractor will make every reasonable effort to provide suitable substitute personnel. The substitute personnel must meet all mandatory requirements as set forth in the RFO and must be approved by the CCHCS – Acquisitions Management Section.

Contractor agrees to furnish all labor, insurances, licenses, and permits necessary to perform all services required in accordance with the Exhibit A, Statement of Work.

Any Contract awarded as a result of this RFO will be invoiced and reimbursed on an Deliverables basis subject to the provisions in Exhibit B, Budget Details and Payment Provisions, and approval by the CCHCS Project Manager, or designee, of tasks performed by the Consultants.

Deliverable	Consultant Name	Classification/ Labor Category	Hourly Rate*	Estimated Number of Hours**	Total Deliverable Cost***
1. Assist with the acquisition, deployment, and implementation of an IT Service Management (ITSM) framework.		Senior Project Manager	\$ _____	_____	\$ _____
2. Facilitate the adoption of the DevOps software development model and process to BAM management and staff.		Senior Project Manager	\$ _____	_____	\$ _____
3. Develop and assist with the implementation of ITIL-compliant Processes.		Senior Project Manager	\$ _____	_____	\$ _____

4. Develop a BAM Transformation Action Plan for the period of April 2016 to July 2017.		Senior Project Manager	\$ _____	_____	\$ _____
5. Conduct the formal and informal transfer of knowledge to the BAM management team and staff.		Senior Project Manager	\$ _____	_____	\$ _____
6. Provide a weekly progress report to the BAM DCIO providing status of all deliverables.		Senior Project Manager	\$ _____	_____	\$ _____
<p style="text-align: right;">TOTAL COST \$ _____</p>					

* CMAS Rate or lower

** Total estimated hours to complete the deliverable

*** Total Deliverable Cost = Hourly Rate x Estimated Number of Hours

ATTACHMENT D

OFFEROR'S REFERENCES

Submission of this attachment is **mandatory** for each proposed personnel. Failure to complete and return this attachment with your offer will cause your offer to be rejected and deemed non-responsive. **ONLY ONE (1) CDCR reference will be accepted to meet this requirement. Letters of recommendation are NOT acceptable as references.) It is the responsibility of the Offeror to ensure references are verifiable. If references provided cannot be verified by CCHCS, the offer may be rejected.**

List below three references for services performed within the **last five (5) years**, which are similar to the statement of work to be performed in this contract.

Please Print or Type

NAME OF PROPOSED PERSONNEL _____

REFERENCE 1

Name of Firm:			
Street Address:	City:	State:	Zip Code:
Contact Person:	Telephone Number:		
E-mail Address:	Fax Number:		
Dates of Service:	Value or Cost of Service: \$		

Brief Description of Service Provided:

REFERENCE 2

Name of Firm:			
Street Address:	City:	State:	Zip Code:
Contact Person:	Telephone Number:		
E-mail Address:	Fax Number:		
Dates of Service:	Value or Cost of Service: \$		

Brief Description of Service Provided:

REFERENCE 3

Name of Firm:			
Street Address:	City:	State:	Zip Code:
Contact Person:	Telephone Number:		
E-mail Address:	Fax Number:		
Dates of Service:	Value or Cost of Service: \$		

Brief Description of Service Provided:

ATTACHMENT E

BIDDER DECLARATION

GSPD-05-105 (REV 08/09)

Offerors must complete the Bidder Declaration and include it with their response. When completing the declaration, Offerors must identify all subcontractors proposed for participation in the contract. Offerors awarded a contract are contractually obligated to use the subcontractors for requested services unless CCHCS agrees to a substitution via amendment to the Contract;

The GSPD-05-105; can be found at:

<http://www.documents.dgs.ca.gov/pd/delegations/GSPD105.pdf>

STATE OF CALIFORNIA-DEPARTMENT OF FINANCE

ATTACHMENT F

PAYEE DATA RECORD

(Required when receiving payment from the State of California in lieu of IRS W-9)

STD. 204 (Rev. 6-2003)

1	INSTRUCTIONS: Complete all information on this form. Sign, date, and return to the State agency (department/office) address shown at the bottom of this page. Prompt return of this fully completed form will prevent delays when processing payments. Information provided in this form will be used by State agencies to prepare Information Returns (1099). See reverse side for more information and Privacy Statement. NOTE: Governmental entities, federal, State, and local (including school districts), are not required to submit this form.		
2	PAYEE'S LEGAL BUSINESS NAME (Type or Print) <hr/>		
	SOLE PROPRIETOR – ENTER NAME AS SHOWN ON SSN (Last, First, M.I.)		E-MAIL ADDRESS
	MAILING ADDRESS		BUSINESS ADDRESS
	CITY, STATE, ZIP CODE		CITY, STATE, ZIP CODE
3	ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN): 		NOTE: Payment will not be processed without an accompanying taxpayer I.D. number.
PAYEE ENTITY TYPE	<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> PARTNERSHIP</div><div><input type="checkbox"/> ESTATE OR TRUST</div></div>		
CHECK ONE BOX ONLY	<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> INDIVIDUAL OR SOLE PROPRIETOR</div><div><input type="checkbox"/> CORPORATION: % MEDICAL (e.g., dentistry, psychotherapy, chiropractic, etc.) % LEGAL (e.g., attorney services) % EXEMPT (nonprofit) % ALL OTHERS</div></div>		
	<div style="display: flex; justify-content: space-between;"><div>ENTER SOCIAL SECURITY NUMBER: </div><div style="text-align: center; font-size: small;">(SSN required by authority of California Revenue and Tax Code Section 18646)</div></div>		
4	<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> California resident - Qualified to do business in California or maintains a permanent place of business in California.</div><div><input type="checkbox"/> California nonresident (see reverse side) - Payments to nonresidents for services may be subject to State income tax withholding. % No services performed in California. % Copy of Franchise Tax Board waiver of State withholding attached.</div></div>		
5	<p>I hereby certify under penalty of perjury that the information provided on this document is true and correct. Should my residency status change, I will promptly notify the State agency below.</p> <div style="display: flex; justify-content: space-between;"><div>AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print)</div><div>TITLE</div></div> <div style="display: flex; justify-content: space-between;"><div>SIGNATURE</div><div>DATE</div><div>TELEPHONE</div></div> <div style="display: flex; justify-content: space-between;"><div>Please return completed form to:</div><div></div><div></div></div>		
6	<div style="display: flex; justify-content: space-between;"><div>Department/Office:</div><div>California Correctional Health Care Services</div></div> <div style="display: flex; justify-content: space-between;"><div>Unit/Section:</div><div>Acquisitions Management Section</div></div> <div style="display: flex; justify-content: space-between;"><div>Mailing Address:</div><div>P. O. Box 588500, Bldg. D-2</div></div> <div style="display: flex; justify-content: space-between;"><div>City/State/Zip:</div><div>Elk Grove, CA 95758</div></div> <div style="display: flex; justify-content: space-between;"><div>Telephone: ()</div><div></div><div>Fax: ()</div><div></div></div>		

1	<p><u>Requirement to Complete Payee Data Record, STD. 204</u></p> <p>A completed Payee Data Record, STD. 204, is required for payments to all non-governmental entities and will be kept on file at each State agency. Since each State agency with which you do business must have a separate STD. 204 on file, it is possible for a payee to receive this form from various State agencies.</p> <p>Payees who do not wish to complete the STD. 204 may elect to not do business with the State. If the payee does not complete the STD. 204 and the required payee data is not otherwise provided, payment may be reduced for federal backup withholding and nonresident State income tax withholding. Amounts reported on Information Returns (1099) are in accordance with the Internal Revenue Code and the California Revenue and Taxation Code.</p>
2	<p>Enter the payee's legal business name. Sole proprietorships must also include the owner's full name. An individual must list his/her full name. The mailing address should be the address at which the payee chooses to receive correspondence. Do not enter payment address or lock box information here.</p>
3	<p>Check the box that corresponds to the payee business type. Check only one box. Corporations must check the box that identifies the type of corporation. The State of California requires that all parties entering into business transactions that may lead to payment(s) from the State provide their Taxpayer Identification Number (TIN). The TIN is required by the California Revenue and Taxation Code Section 18646 to facilitate tax compliance enforcement activities and the preparation of Form 1099 and other information returns as required by the Internal Revenue Code Section 6109(a).</p> <p>The TIN for individuals and sole proprietorships is the Social Security Number (SSN). Only partnerships, estates, trusts, and corporations will enter their Federal Employer Identification Number (FEIN).</p>
4	<p><u>Are you a California resident or nonresident?</u></p> <p>A corporation will be defined as a "resident" if it has a permanent place of business in California or is qualified through the Secretary of State to do business in California.</p> <p>A partnership is considered a resident partnership if it has a permanent place of business in California. An estate is a resident if the decedent was a California resident at time of death. A trust is a resident if at least one trustee is a California resident.</p> <p>For individuals and sole proprietors, the term "resident" includes every individual who is in California for other than a temporary or transitory purpose and any individual domiciled in California who is absent for a temporary or transitory purpose. Generally, an individual who comes to California for a purpose that will extend over a long or indefinite period will be considered a resident. However, an individual who comes to perform a particular contract of short duration will be considered a nonresident.</p> <p>Payments to all nonresidents may be subject to withholding. Nonresident payees performing services in California or receiving rent, lease, or royalty payments from property (real or personal) located in California will have 7% of their total payments withheld for State income taxes. However, no withholding is required if total payments to the payee are \$1,500 or less for the calendar year.</p> <p>For information on Nonresident Withholding, contact the Franchise Tax Board at the numbers listed below: Withholding Services and Compliance Section: 1-888-792-4900 E-mail address: wscs.gen@ftb.ca.gov For hearing impaired with TDD, call: 1-800-822-6268 Website: www.ftb.ca.gov</p>
5	<p>Provide the name, title, signature, and telephone number of the individual completing this form. Provide the date the form was completed.</p>
6	<p>This section must be completed by the State agency requesting the STD. 204.</p>
	<p><u>Privacy Statement</u></p> <p>Section 7(b) of the Privacy Act of 1974 (Public Law 93-579) requires that any federal, State, or local governmental agency, which requests an individual to disclose their social security account number, shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it.</p> <p>It is mandatory to furnish the information requested. Federal law requires that payment for which the requested information is not provided is subject to federal backup withholding and State law imposes noncompliance penalties of up to \$20,000.</p> <p>You have the right to access records containing your personal information, such as your SSN. To exercise that right, please contact the business services unit or the accounts payable unit of the State agency(ies) with which you transact that business.</p> <p>All questions should be referred to the requesting State agency listed on the bottom front of this form.</p>

ATTACHMENT G

PROPOSED PERSONNEL QUALIFICATIONS FORMS

MANDATORY QUALIFICATIONS:

Company Name:

Proposed Project Position(s):

1. The form below is to summarize the Contractor employee experience as it relates to the Mandatory Qualifications.
2. Complete this form for **EACH** of the Proposed Personnel.
3. Failure to complete this Form will be cause for rejection of the offer.

Qualifications	Years	Company	Position * Describe how the position listed ties back to the scope of services.	Page # or Location in Resume
Five (5) or more years of experience as a Senior Strategic Planning Manager and/or Consultant.				

*Add additional sheets if needed

DESIRABLE QUALIFICATIONS:

Company Name:

Proposed Project Position(s):

1. The form below is to summarize the Contractor employee experience as it relates to the Desirable Qualifications.
2. Complete this Attachment for **EACH** of the Proposed Personnel.
3. Failure to complete this Attachment will be cause for rejection of the offer.

Qualifications	Years	Company	Position* Describe how the position listed ties back to the scope of services.	Page # or Location in Resume
Additional years of experience within the last fifteen (15) years on mandatory qualifications.				
Experience with complex concepts and models at the strategic level in writing to a varied audience.				
Experience in deploying enterprise technology solutions within a health care and/or correctional environment.				
Experience in implementing with DevOps software development framework for the State of California.				
Experience as an Information Technology Service Management (ITSM)/Information Technology Infrastructure Library (ITIL) Manager and/or Consultant.				
Experience as a Senior Lead Enterprise Architecture Manager and/or Consultant.				

*Add additional sheets if needed

ATTACHMENT H

WORK AUTHORIZATION

IT CONSULTING SERVICES (SENIOR PROJECT MANAGER)

Work Authorization Number: _____ Month: _____

Contractor Name: _____

Title: _____

Summary

CCHCS seeks one (1) Senior Project Manager to provide strategic leadership for the CCHCS Healthcare Business Applications Management (BAM).

Category/Task	Hours

APPROVED:

CCHCS' Project Management Program Manager
Name / Title

Contractor's Engagement Manager
Name / Title

Date: _____

Date: _____

ATTACHMENT I

DIGEST OF LAWS RELATED TO ASSOCIATION WITH PRISON INMATES

For information and guidance of persons visiting or working with or around prison inmates of the Department of Corrections and Rehabilitation, following is a digest of laws and rules related to association with inmates.

1. A warning sign is posted at the entrance to all public and business roadways onto the grounds of institutions, camps and other department facilities where inmates or parolees are housed indicating that by entering these grounds you consent to the search of your person, property and vehicle.

References: Sections 3173 (e), 3288 Title 15, Div.3, California Code of Regulations; Mathis v. Appellate Dept. 28 Cal App 3d 1039.

2. Entry on institution property for unauthorized purposes will be considered trespass as provided in section 602(j) of the Penal Code. Refusal or failure to leave the property when requested to do so by an official will be considered trespass as provided in section 602(p) of the Penal Code.

References: Section 3289, Title 15, Div.3, California Code of Regulations.

3. It is a felony for anyone to assist inmates to escape. Bringing firearms, deadly weapons, explosives, or tear gas on prison grounds, or giving firearms, deadly weapons, explosives, liquor, cocaine, or other narcotics or any kind of drugs, including marijuana, is a crime.

References: Sections 2772, 2790, 4533, 4534, 4535, 4550, 4573, 4573.5, 4573.6, 4574, 4600 Penal Code.

4. Giving letters to inmates or taking letters out for inmates is a misdemeanor.

References: Section 4570 Penal Code; Section 3401, Title 15, Div. 3 California Code of Regulations

5. Giving gifts or presents to inmates is not permitted.

References: Section 2541, Penal Code; Section 3399, Title 15, Div 3, California Code of Regulations.

6. Receiving gifts from inmates is not permitted.

References: Section 2540, 2541, Penal Code; Sections 3399, 3424, Title 15, Div. 3, California Code of Regulations.

7. Anyone who falsely identifies himself or herself to gain admission to a prison is guilty of a misdemeanor. Persons previously convicted of a felony in this state who come upon the grounds of a prison without permission of the official in charge are guilty of a felony.

References: Section 4570.5, 4571, Penal Code; Section 3173(n), Title 15, Div.3, California Code of Regulations.

8. Refusal of visitors to submit to search and inspection of their person and of vehicles and property brought onto institution grounds by such persons may be cause for denial of visit.

References: Section 2601(d), 5054, 5058 Penal Code; Section 3285, 3415, Title 15, Div.3, California Code of Regulations.

9. For "cause" a person may be barred from entering an institution or facility.

References: Section 5054, 5058, Penal Code; Section 3176, Title 15, Div.3, California Code of Regulations.

10. Persons who are not departmental employees but are assigned to or engaged in work in any departmental facility must observe all rules, regulations and laws governing the conduct of employees. Failure to do so may lead to exclusion.

References: Section 5054, 5058, Penal Code; Sections. 3285, 3415, Title 15. Div. 3, California Code of Regulations.

11. In the event of an emergency situation that affects a significant portion of the inmate population at an institution, the visiting program and other program activities may be suspended during the period of emergency.

12. Employees must not permit inmates or others to use hostages to escape from custody or otherwise interfere with orderly institution operations. Hostages will not be recognized for bargaining purposes. All inmates, visitors and staff will be informed of this regulation.

References: Section 5054, 5058, Penal Code; Section 3304, Title 15, Div. 3, California Code of Regulations.

13. No person shall make verbal or written statements concerning a discharged inmate for the purpose of depriving him/her of employment or of procuring same, or for extortion.

References: Section 2947, Penal Code.

I have read and understand the implications of the above information

Signature: _____

Date: _____

Printed Name: _____

ATTACHMENT J

CONTRACTOR CONFIDENTIALITY AND CONFLICT OF INTEREST STATEMENT

I understand that as a Consultant under contract with CCHCS I must comply with the State's conflict of interest laws and I must file a "Statement of Economic Interests" Form 700 with the Fair Political Practices Commission. I certify that I have read and understand the conflict of interest provisions identified in the online presentation "Ethics Orientation for State Officials" (sponsored by the State of California Department of Justice, Office of the Attorney General and the Fair Political Practices Commission) located at <https://oag.ca.gov/ethics/course>

I certify that I have no personal or financial interest, which would be incompatible with my employment with CCHCS. I further certify that I have no present or past state employment, nor have I participated in any activity related to the planning or procurement processes that would render my participation incompatible. I understand that my employment compensation (base salary and benefits) is not a disqualifying event for purposes of this agreement. I agree for the duration of my contracted involvement in this project not to accept any additional gift, benefit, gratuity or consideration, or begin a personal or financial interest with any person or party who is associated with a business or offering on this project.

I certify that I will keep confidential and secure all information concerning the planning, processes, development and procedures of the project etc., which I learn in the course of my duties on the project. I further certify that I will not copy, give, or otherwise disclose to any other party any information about this project unless that person is authorized in writing to receive that information by the appropriate authority within the department (deputy or director level), as appropriate, considering the program ownership of the information, and who also signs a CCHCS confidentiality agreement. I understand that the information to be kept confidential includes but is not limited to: specifications, administrative requirements, terms and conditions, any aspect of any supplier's response or potential response including concepts and discussions as well as written and electronic materials. I understand that if I leave this project before it ends, I must continue to keep all project information confidential. I understand that following completion of this project I must maintain confidentiality should the Project and/or my organization be subject to follow-on contracting criteria per Public Contract Code §10365.5. Additionally, I agree to follow all provided instructions related project confidentiality.

I fully understand that any unauthorized disclosure I make may be grounds for civil or criminal penalties and/or contract termination. I agree to immediately advise the CCHCS Contracts Manager and Contracts Analyst named in this agreement in the event that I learn, or have reason to believe, that any person has or intends to disclose confidential project information, in violation of the terms of this contract. I also agree to direct all questions and inquiries from bidders, potential bidders and/or third parties to the CCHCS Office of Procurement Services.

Signature: _____ Date: _____

Company/Organization Name: _____

Printed Name: _____ Title: _____

Telephone Number: _____ Fax Number: _____

E-mail Address: _____

ATTACHMENT K

NON-DISCLOSURE AGREEMENT

I certify that I will hold in confidence all discussions, bids, proposals, correspondence, memoranda, working papers, procurement of goods and services, or any other information on any media, which has any bearing on or discloses any aspect of the California Correctional Health Care Services (CCHCS) Organizational Review. Based on my involvement with the California Correctional Health Care Services (CCHCS) Organizational Review, where applicable, I certify that I have no personal or financial interest and no present employment or activity, which would be incompatible with my participation in the discussions, review and or participation in the procurement process for the CDR Business Analyst and related initiative(s)/procurement(s)/trainings thereof.

At all times during and after the process by which the California Correctional Health Care Services and/or the California Department of Corrections and Rehabilitation (CDCR) procures goods and services to create the project, CCHCS' and/or CDCR's employees, CCHCS' prospective bidders, and/or CCHCS and/or CDCR's Contractors will keep confidential, and will not disclose to any third party or use, such confidential information, except in the course of their employment by or contractual relationship with the Department, and for the benefit of CDCR. The parties will protect CCHCS' and/or CDCR's confidential information using the same degree of care, but no less than a reasonable degree of care, as such party uses to protect his/her/its own confidential information. The parties will carefully restrict access to CCHCS' confidential information, and they may disclose it only to their employees, contractors, and/or other State agencies that have a need to know it and are bound by obligations of confidentiality.

I certify that I am fully able to provide fair and impartial consideration and contribution to all aspects of this project in which I am directly involved. I fully understand that any such disclosure by an employee of the State of California may be considered as a basis for disciplinary action.

Signature: _____ Date: _____

Company/Organization Name: _____

Printed Name: _____ Title: _____

Telephone Number: _____ Fax Number: _____

E-mail Address: _____